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ABSTRACT

The Home Care Challenge was a 4-year National Workplace Literacy Grant project conducted by Carroll Community College in partnership with Carroll Hospice, Carroll Lutheran Village, and Home Call to provide workplace literacy education for health care workers in these agencies. The project's goals were as follows: improving reading fluency, problem solving, and critical thinking skills; upgrading reporting and documentation skills; improving communication skills; and promoting self-esteem, career development, and team building. To address these goals, an integrated curriculum was built around four issues central to health care providers: personal role, role of caregivers, interpersonal competence, and job skills. The curriculum (not included in this document) consists of numerous learning activity packets on these topics that could be studied independently with help from instructors. An external evaluation showed that the participants made strides toward becoming professional team players, increased their self-esteem, and increased their communication and job skills. The evaluation suggested that an important element is a creative, caring, inclusive staff that is not discouraged by erratic attendance. (KC)

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ED 416 385

OUTCOMES REPORT

HOME CARE CHALLENGE

NATIONAL WORKPLACE LITERACY GRANT

OCTOBER 1994 – JANUARY 1998

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OUTCOMES REPORT
OF THE PROJECT DIRECTOR
FOR
HOME CARE CHALLENGE

October 1994 – January 1998

PROJECT DIRECTOR'S OUTCOMES REPORT
THE NATIONAL WORKPLACE LITERACY GRANT
HOME CARE CHALLENGE
JANUARY 1998

When Carroll Community College initiated the National Workplace Literacy Grant known as Home Care Challenge in the fall of 1994, few people could have anticipated the far-reaching impact that such a program would have on the participating businesses and employees and the far-reaching implications that such a program could have on the College.

There are at least seven outcomes to be addressed:

- Use of employers' goals to define outcomes
- Development of curriculum
- Use of student portfolios
- Outcomes of pre- and post- employer assessment
- Achievement of objectives
- Presentations about the program
- Birth of the Center for Workplace Learning

The business partners, Carroll Hospice, Inc.; Carroll Lutheran Village, Inc.; and Home Call, Inc., saw this project as an ideal way to upgrade the skills of their caregivers. In fact, their goals for Home Care Challenge have driven the development of this original workplace specific curriculum. These goals include improving reading fluency, problem solving, and critical thinking skills; upgrading reporting and documentation skills; improving communication skills, particularly listening and speaking skills; and promoting self-esteem, career development, and team building. To address these goals, an

integrated, personalized, and customized curriculum is built around four issues central to these health care providers: Personal, Role of the Caregiver, Interpersonal, and Procedures on the Job. While not attempting to teach participants their job, the curriculum exposes them to a wide array of experiences through learning activity packets that can enhance their performance personally and professionally.

1. Personal Issues--This section includes a personal portfolio; a personal learning plan; assessments; useful forms; materials on self-esteem, learning styles, time management, stress management, goal setting; and career ladder exploration.

2. Role of the Caregiver--This section includes the caregiver's role considered in a broader, more global context. Participants explore various illnesses and diseases through case studies and reading activities. Their final portfolio piece comes in the form of an exploration of a disease or topic germane to their role as caregivers. They also study legal and ethical issues of caregiving.

3. Interpersonal Issues--Besides examining attitude and work ethic issues, this section emphasizes communication skills of all types, oral and written, verbal and nonverbal, and listening and speaking skills. Participants also explore special communication skills needed when dealing with clients with certain illnesses/diseases as well as those skills needed when dealing with death and dying. They also examine special topics such as ethnic and cultural diversity and client behavior in an effort to develop coping strategies.

4. Procedures on the Job--This section includes medical terminology and abbreviations, map reading and computing distances, manipulating conversions, and ergonomics; it makes extensive use of materials supplied by the partners. The section also explores the

correlation between nutrition and health and asks participants to apply that knowledge to clients for whom they care.

Such an organization allows for the integration of skills on many levels into topics that caregivers deal with on the job. The learning activity packets demonstrate the integrated nature of learning and the multiplicity of skills that one must apply to learning tasks by incorporating reading, writing, computation, critical thinking, and problem solving skills throughout.

Besides being integrated, the curriculum is also unique in being customized to the needs of a specific partner and its employees. The Role of the Caregiver issue and the Procedures on the Job issue lend themselves to this customizing. Customizing workplace curriculum is good because of the transfer of knowledge learned to the job itself.

The learning activity packets decided upon for each student can be handled in almost any order, with the participant moving back and forth among issues. Usually, however, the instructor and participants determine that beginning with several of the packets under Personal Issues as well as some initial readings on the Role of the Caregiver is a way to help them personalize the curriculum by focusing on their goals in the light of their current role. Personalizing the curriculum is also enhanced by using such tools as a job sheet, a listing of the LAPs the learner wants to complete; a dialogue journal, a spiral notebook written in each day and responded to by the instructor; and, a research project designed to give learners more in-depth experience in the health care field.

The Role of the Caregiver issue gives learners the opportunity not only to strengthen reading and writing skills, but also the opportunity to explore illnesses and diseases that they encounter through case study formats. One particular learning activity

packet under Role of the Caregiver issue actually launches participants into the culminating project of the learning center; that is, an investigation of an illness or an issue that is germane to them as caregivers and a meaningful presentation of those findings in a pamphlet for their peers. Teacher and participant may decide that, instead of a disease, another type of issue such as reducing stress, infection control, or some other germane topic can be investigated and presented.

Although such investigation, whether of a disease or an issue, seems to require higher level thinking and writing skills, it is the culminating project of their written personal portfolios that they have been accumulating since the beginning of their enrollment in the learning center.

These final portfolio pieces are published by the Home Care Challenge staff and distributed at the places of employment. Seeing their words in print under their own byline has given an immense boost to these learners' self-esteem. Having their publications distributed among their peers and supervisors has validated them as health care providers, especially when they receive, as some have, positive feedback from their supervisors about the quality of their performance. From the employers' point of view, these caregivers have achieved much toward fulfilling the partner goal of upgrading written communication skills, and hence, this portfolio piece serves as a non-test method of measuring learning.

Other learner outcomes have been equally rewarding as measured by another non-test method; namely, an employee assessment form filled out by supervisors before and after the learners enrollment in Home Care Challenge. Developed from input from employees, partners, Home Care Challenge staff, and the independent evaluator, this

quantitative and qualitative rating scale addresses issues deemed important to the employers' goals and covered in the curriculum: such things as communication, problem-solving, self-esteem, career development, initiative, commitment, and responsibility.

While some areas of this assessment parallel areas on the workplace appraisal forms used in evaluating job performance, the supervisors value the Home Care Challenge form as a way of measuring very important interpersonal skills, attitudes, even life skills, all of which impact directly on the health care providers' ability to interact with the clients they serve. Supervisors use the pre-course form as a counseling tool for opening up discussions in the sensitive areas of professionalism and professional growth. They can then send the employees to the learning center with definite personal and professional goals to fulfill.

The post-course assessment usually shows the participants making strides toward becoming professional team players with other members of the health care team. The supervisors attest that Home Care Challenge has enabled many of their employees to strive for improvement in the areas covered by this form and thereby become more valuable to the employer. The crucial issue of increased self-esteem has actually led to other impressive changes in the lives of these caregivers: further continuing education, pay increases, promotions on the job, to name a few.

Incidentally, a different quantitative and qualitative assessment tool was used for support personnel since their work usually does not involve hands-on caregiving. The areas evaluated before and after enrollment in the learning center included communication skills, problem-solving skills, work productivity, work attendance, and self-esteem.

Pre- and post-course employee assessment as a method of evaluating learner outcomes has proven to be a valuable tool in assessing the learning center. Results from an analysis of this tool suggest that Home Care Challenge is meeting the partners' goals for the program as well as equipping the learners with the personal and professional skills to be competent health care providers. The program demonstrates that when goals provided by the businesses and learners guide the development of curriculum and evaluation, learners and employers willingly invest in the program of instruction and realize satisfying outcomes.

Accomplishments of the objectives for the program is another significant outcome. Several of the objectives have been recast to more accurately reflect the actual delivery of services under the National Workplace Literacy Grant while not undermining the intent of the original grant proposal.

OBJECTIVE A.1. Perform a literacy audit/task analysis of entry-level home care jobs.

The goals established early in the project have remained viable even with the addition of support personnel and nursing assistants from other sites than the three partners. Where necessary the project director has adapted curriculum and written additional curriculum to accommodate the needs of support personnel while maintaining the integrity of the original goals. Those goals are:

- to improve reading fluency, problem solving, and critical thinking skills;
- to upgrade reporting and documentation skills;
- to improve communication skills, particularly listening and speaking skills; and,
- to promote self-esteem, career development, and team building.

OBJECTIVE A.2. Analyze the literacy tasks of the workplace and classify them according to level of difficulty.

The wide range of difficulty of literacy tasks performed by health care providers and support personnel led to the development of an issues centered curriculum that includes a whole continuum of skills from the simple to the complex. Within each issue are curricular pieces that reflect varying levels of difficulty, but generally there could be no neat organization of curriculum by specific level of difficulty. The issues have also been germane to support personnel as well as to front-line caregivers. The issues are:

- *Personal.*
- *Role of the Caregiver,*
- *Interpersonal,* and
- *Procedures on the Job.*

OBJECTIVE A.3. Design contextual curriculum materials ranging in difficulty from grade 4.0 to 9.0.

The *original* curriculum written for Home Care Challenge is one of its hallmarks. Learning activity packets written for the four issues are *integrated*, in that many incorporate reading, writing, computation, critical thinking, and problem solving skills within the learning tasks; *customized*, in that some packets are unique for the needs of a specific partner and its employees; and *personalized*, in that the packets promote individualized learning, with the learner and instructor determining the packets studied and in what order. Final portfolio pieces, which are the personal culmination of learners' work with the curriculum, are researched and written by the learners, published by the Home Care Challenge staff, and distributed at the learners' places of employment.

—Levels again have not been a paramount consideration because medical terminology and abbreviations, materials on diseases and illnesses, and literature in the healthcare field tend to skew the readability levels well above grade 9.0.

OBJECTIVE A.4. Examine and select commercially prepared print and software materials designed for health care professions for all levels.

A bibliography of materials is included with the curriculum. The bibliography includes instructional books; videos; multi-media; health magazines and journals; references; and instructional aids, including computer programs.

OBJECTIVE A.5. Plan and implement an integrated instructional program for home health aides and companions.

As the grant was originally written, the instructional program was to serve only home health aides and companions. However, with USED approval, this objective has evolved to meet the needs of the partners and of sites covered by the program. Hospice volunteers as well as support personnel at Carroll Lutheran Village and Carroll County General Hospital have received the benefits of the program. Home Care Challenge accommodated these requests with an obviously different curricular slant. Carroll Lutheran Village also wanted the instructor and educational counselor to present monthly seminars on the aging process at the new employee orientations; they were able to impact 23 new employees from all levels of employment at the Village with curricular materials on aging.

As a part of the institutionalization of Home Care Challenge, Carroll Community College is offering the curriculum as a public course under Allied Health in the late fall and spring semesters for Extended Learning and Workforce Development. The College has

also been impacted by another very important outcome; namely, the dissemination of information about the program via written and oral presentations made about the program. These have been detailed in previous status reports.

OBJECTIVE B.1. Assess the literacy level of 75 home health care workers.

Home Care Challenge has assessed the literacy level of only those who have been enrolled, since the partners and sites did not deem it appropriate, given their very tight work schedules, to accommodate testing any who were not enrolling. To assess literacy levels, Home Care Challenge used the Comprehensive Adult Student Assessment System (CASAS) for placement testing and pre- and post-testing. The CASAS pre-test was adequate for measuring a learner's general ability with reading and math so that the Home Care Challenge instructor and educational counselor could know how to direct the learner's program.

OBJECTIVE B.2. Recruit and enroll 60 participants over a period of 30 or 32 months (three years less start-up period).

Home Care Challenge has recruited and enrolled 66 participants. The learners are home health aides, certified nursing assistants, companions, volunteers (from Hospice), housekeepers, launderers, food service workers, maintenance workers, and other support personnel.

The staff has also accommodated 23 new employees at Carroll Lutheran Village in interactive seminars on the aging process.

OBJECTIVE B.3. Retain 80% of enrollees.

Throughout the course of the grant period, Home Care Challenge has been able to retain at least 80% of its learners. The final retention numbers look to be a bit higher. Of

the 66 learners who began the program, Home Care Challenge staff identified three who should be in other programs that were running simultaneously with the Home Care Challenge program. One support staff person from Carroll Lutheran Village was enrolled in a college program; another support staff person from Carroll County General Hospital needed ESL tutoring that conflicted with Home Care Challenge. The educational counselor helped a third support personnel employee from the Hospital get her GED review classes set up which also conflicted with Home Care Challenge meeting times.

Of the 63 learners who were enrolled, seven had to leave the program because of family problems demanding their attention, and four left their employer and were no longer eligible to complete the program. The other 52 learners successfully completed the program for an 83% retention rate.

OBJECTIVE B.4. Realize literacy gains as follows:

a. 75% of those participating in Level 1 program for 70 hours will demonstrate significant gain on CASAS.

b. 75% of employees enrolled in Level 2 will exhibit competency in the concentration in which s/he enrolled as verified by an exit assessment.

Because levels were never a very viable method of grouping learners given the wide range of difficulty of the literacy tasks faced by health care providers, the curriculum could not be so neatly boxed by levels of difficulty and thus includes a whole continuum of tasks from the simple to the complex, sometimes within one learning activity packet. Assessment likewise becomes a complex issue requiring multiple methods of measuring growth. The objective should therefore probably read quite simply: *Realize literacy gains.*

Since the partners were not particularly interested in paper and pencil testing measures, Home Care Challenge tended to downplay testing as a significant way to measure growth. While the curriculum for the program emphasizes reading and writing, and while learning activity packets apply strategies to aid reading comprehension, the focus of the program has been on the integration of skills and not on discreet reading and math skills measured by CASAS tests.

While a number of learners showed scale score improvement on CASAS post-tests (19 in reading and 16 in math), the educational counselor determined that CASAS pre- and post-test scores did not show statistically significant improvements in the reading and math aptitudes they measured. Perhaps the CASAS tests were not an appropriate assessment tool for this project. Program staff, employer supervisors, and students themselves, however, recognized significant improvement in personal and professional growth which was much more important for the partners and their goals for the program.

Significant improvement has been demonstrated in writing. The project director has written extensively about this literacy area in previous reports. Comments about learners' achievement in other areas are found under the next objective.

OBJECTIVE B.5. Realize increased competency in job as evidenced by one or more of the following:

a. improved attendance

b. improved communication skills

c. satisfactory evaluations by supervisor

d. accolades from patients

e. confidence (self-reported)

The major tool for evaluating this objective has been the pre- and post-course employee assessment used by supervisors of the learners. Two versions of this assessment measure are used: one for home health aides and nursing assistants and a different one for support personnel. Supervisors attest that their learners are becoming even more productive employees who perform better on the job as a result of their enrollment in Home Care Challenge. These supervisors agreed that the curriculum has fulfilled their goals for the program, in that the learners are becoming proficient in problem solving and critical thinking skills, communication and team building skills, reporting and documentation skills, as well as demonstrating greater self-confidence and professionalism.

Comments from the three partners are perhaps most telling:

> *The [program] has been beneficial to the Home Call employees: increase in self-esteem, pride in their job, increased skill and knowledge, and confidence to set goals. I highly recommend [it] to businesses and companies who are looking to promote teamwork, pride and initiative in their employees.*
>
> *Tamara Reams*
> *Home Call*

> *The Home Care Challenge Program has renewed the excitement of learning for a number of our employees. Individuals who never thought they could advance within our organization are now considering college courses, career advances and a number of things that will serve them and Carroll Lutheran Village well.*
>
> *Geary Milliken*
> *Carroll Lutheran Village*

> *The employees of Carroll Hospice who have been involved at Home Care Challenge have found it to be of great benefit to them professionally and personally. I can verify this by the improvement we have seen in our employees' work, the patients' satisfaction survey, and the general increase in self-esteem and professionalism. I consider it a privilege to be involved in this worthwhile program.*
>
> *Jeannette Passano*
> *Carroll Hospice*

When the program was opened to support personnel, the same kind of enthusiasm followed. Supervisors have noted improvements in areas of performance evaluated before

and after the program that were germane to their work situations. Such things as communication skills, problem solving skills, work productivity, work attendance, and self-esteem were evaluated before and after learners' enrollment in Home Care Challenge, with almost all the learners showing marked improvement in self-esteem and a number showing improvement in communication skills and problem solving skills as well.

Not only have the outcomes of Home Care Challenge impacted the learners, the employers, and the recipients of the care provided by the caregivers, but Carroll Community College has also been impacted by one very important outcome; namely the dissemination of information about the program via written and oral presentations made about the program. These include the 1995 and 1996 MAACCE conferences (Maryland Association for Adult, Community and Continuing Education); 1996 World Conference on Literacy, sponsored by the University of Pennsylvania and UNESCO; 1996 National Workplace Literacy Conference in Milwaukee. An article about the program was also published in the Spring 1997 issue of The Catalyst, the journal of the National Council for Continuing Education and Training.

Perhaps one of the most exciting outcomes of Home Care Challenge that is already proving to be of great benefit to the College is the opening of the Center for Workplace Learning. An education supplement to the Baltimore Sun in July 1997 devoted an entire page to the Center and some of the learners who have been trained. As a result of the success with individualized learning using workplace specific materials that Home Care Challenge practiced, the Project Director, under the guidance of the Administrative Director, was able to apply that concept to almost any kind of business training employers and employees are seeking.

The Center's offerings have included blueprint reading and building project management; Spanish in the agricultural workplace; AutoCAD; electrical schematics; estimating in the building trades; principles of sales; introduction to surveying; business writing, to name a few. In addition, the Center has offered computer training from basic skills to graphics and creating a home page on the Internet. In conjunction with the credit side of the house, the Center was even able to help a member of our community receive his Master's degree by supplying him with the necessary computer applications training. Much of the computer training supplied by the Center has come as a result of meeting needs of learners enrolled in classes that would have otherwise been cancelled because of low numbers. Supplying the desired training despite class cancellations has gained positive PR for the College's services.

Of the 216+ learners who have been served by the Center from January 1997 through January 1998 (bringing in approximately $29,000 gross), all have received their training in a timely manner as a learner is linked with an accomplished trainer as quickly as possible. The learners have been very positive about the individualized attention geared to their needs and goals and using workplace specific materials. Most of them are highly motivated to achieve with minimal teacher instruction but maximum teacher feedback.

Businesses that have used our services have been equally gratified by the way the Center has been able to meet their goals and needs of employees. A few have commented:

> *[Using the Center] worked out even better than I could have anticipated. The one-on-one attention made a big difference in meeting the student's and company's goals. [The student took our workplace materials] and used them for the syllabus.*
>
> *Ken Riegert, VP for Construction*
> *Jerome J. Parks Companies*

You don't find many institutions that are willing to bend over backward for you.

Tilly Dorsey, Owner
D.A.F.I. (Alpaca Farm)
(when given a custom class with an instructor who went to the farm worksite)

[This training was] more practical and work-related than other courses our employees have attended.

Mike Reid, Personnel and
Safety Manager
Congoleum Corporation

Home Care Challenge and the Center for Workplace Learning focus on the needs of the learner, the goals of the employer, and individualized instruction using workplace specific materials.

March 5, 1998

Ms. Allison Hill
Grants Officer
U.S. Department of Education/OVAE
Room 4517 MES
600 Independence Avenue, S.W.
Washington, DC 20202-7327

Dear Ms. Hill:

Enclosed you will find a copy of the final evaluation of **Home Care Challenge: A Skills Development Program For Health Aides.**

As you know, Home Care Challenge was funded by the Department of Education national Workforce Literacy grant No. V198A40145-95. The program is a partnership of Carroll Community College, HomeCall/First Call, Carroll County Hospice, and Carroll Lutheran Village. The Singer Group, Inc., is the external evaluator and a formative evaluation was submitted at midterm. The attached is the final, summative evaluation.

We applaud the work of the partners and all of the participants in this innovative and successful program. If you have any questions regarding this evaluation, please do not hesitate to call me at (410)561-7561.

Sincerely,

Paula Singer, Ph.D.

HOME CARE CHALLENGE: A SKILLS DEVELOPMENT PROGRAM FOR HEALTH AIDES

Final Evaluation
Prepared by: The Singer Group, Inc.
March, 1998

I. Introduction and Background

Home Care Challenge was funded by the Department of Education, national Workforce Literacy grant No. V198A40145-95. The program is a partnership of Carroll Community College, HomeCall/First Call, Carroll County Hospice, and Carroll Lutheran Village. The Singer Group, Inc., is the external evaluator. A formative evaluation was submitted at midterm. What follows is the final, summative evaluation. It adheres to, and augments, the evaluation plan submitted to the Department of Education.

The plan for summative evaluation called for a focus on three main areas:

1. Educational gains
2. Improved job performance
3. Attitude about learning

An evaluation of these items follows. Also evaluated is the degree to which the objectives specified in the grant were met. The evaluation tools designed to meet the needs and goals of Home Care Challenge are discussed. This evaluation also updates the earlier evaluation wherein issues including recruitment and retention, shared goals, and learning resources and methods were assessed.

A section documenting disappointments and learning acquired in the process of implementing this grant is included in this document. Finally, the evaluation concludes with the contributions made to the field of knowledge by this program and its staff, and plans for extending the foundation laid by the US Department of Education National Workplace Literacy grant.

II. Methodology

In accordance with the evaluation plan submitted to the Department of Education, the following steps were taken in order to conduct the final evaluation of Home Care Challenge:

- confidential interviews of 35 learners
- confidential interviews with all of the members of the professional staff (Project Manager, Instructor, and Counselor) and the Senior Director of

Extended Learning and Workplace Development, Carroll Community College's Administrative link to Home Care Challenge

- confidential interviews with all current partners
- review of attendance records
- evaluation of writing samples taken early and near the completion of the Home Care Challenge program
- analysis of pre and post CASAS scores
- analysis of pre and post performance appraisal forms completed by supervisors of learners
- review of recruitment plans, newsletters, and related materials
- review of curriculum
- classroom observation

III. The Student Population
Recruitment and Retention; Support Services

Home Care Challenge recruited 66 adult learners. Three switched to other educational forums (community college, ESL tutoring, and GED review classes). Fifty-two of the remaining 63 (82.5%) successfully completed the program.

When the grant was submitted, the target population was home health workers, notably home health aides, nursing assistants, and companions. When less than anticipated employees in these positions enrolled in Home Care Challenge, with USDE approval, the Program was expanded to include employees in related health care positions including volunteers (hospice companions); housekeepers; and laundry, food service, and maintenance workers.

Population

Of the attendees 53 were women, 4 were men. Forty-seven were white not of Hispanic origin; six were black, not of Hispanic origin; one was Hispanic, and two were Asian or Pacific Islanders.

Many of the learners, all in relatively low-paying jobs, had personal problems: illness, divorce, abuse, etc. Several had been on welfare and several had their incomes supplemented by Federal or State aid such as food stamps..

Given the relatively low participation rate of home health aides, two related questions must be asked: "Why was the target population not drawn to Home Care Challenge?" and "What were the obstacles to recruiting employees in the original target population?" Research into the situation led to a number of findings and/or hypotheses. First, initial recruitment materials used the word "literacy". This deterred a number of potential learners who believed that the target population was employees with low levels of literacy (reading); not employees desiring to improve their *workplace literacy* skills.

While recruitment materials were quickly altered, the stigma of Home Care Challenge as a literacy program remained in at least one location for a while.

The second area of difficulty relates to *access* to the target population via the partners. One of Home Care Challenge's original partners, Tri-Home, withdrew from the partnership, having sent *no* employees to the program. In addition, during the course of the grant, another agency, Home Call, Inc., was purchased by an insurance company. The attitude of the new parent company toward the continuing education of the target population was not as supportive as was that of the signatory to the grant. Thus, again, access to the target population was limited.

Third, most of the students were not compensated for participating in the program, and most were expected to attend on their own time. This was very difficult for members of the target population; many of whom are single mothers and/or holding a second job in addition to their position in health care. [One partner, Carroll Lutheran Village, paid graduating employees a bonus of $100; Home Call paid the employee's hourly rate – but only sent 5 employees; and to the extent possible, Carroll County Hospice paid part of the employee's salary from the education budget. None of the other sites -- Carroll County Hospital, Fairhaven, Copperidge, or the Carroll County Heath Department -- were able to compensate employees for their time.]

Finally, many students - and I suspect potential students - did not have a clear picture of what Home Care Challenge is, what they would learn, and how they would benefit from attendance. Despite the full explanation during the recruitment process, it seems that an investment of several weeks as a student was necessary before students obtained a thorough picture of the program and what it had to offer. Even more time was necessary before a bigger picture of the nature and scope of the program -- and the benefits to the learner -- was obtained.

Having said this, there were a number of factors that aided recruitment and worked toward successfully educating the targeted number of employees and creating a model curriculum. These factors include the following:

- The Project Director and her staff tenaciously recruited potential students, meeting with Directors of Nursing and other officials as well as attending staff meetings whenever possible.
- The Project Director obtained a strong and committed replacement partner. Carroll Lutheran Village replaced Tri-Home and proved to be an advocate, cheerleader, and supporter of Home Care Challenge. A strong relationship was formed that went beyond the scope of the partnership. This is discussed below.
- With the approval of the USDE, additional sites were added. The Project Manager was not content to accept minimal participation. She was strongly committed both to Home Care Challenge **and** to the community. That is, as long as a USDE sponsorship grant was operational, Home Care Challenge was going to provide an

opportunity for employees in the health care field desiring to improve their workplace literacy skills.

- The target population, therefore, was expanded to include other members of the workforce who work with patients including hospice volunteers, housekeepers, food service, maintenance, laundry, and dietary personnel.
- Word of mouth from Home Care Challenge graduates enhanced recruitment efforts as well.

Support

Home Care Challenge identified student needs and recommended support services to facilitate the attendance of learners. Specifically, project staff sought to determine whether and to what extent transportation and child care support services were needed by learners and potential learners. Transportation was not a deterrent to participation. Home Care Challenge is located in Carroll County, Maryland, a suburban/rural area. Most residents and employees own automobiles or are accommodated by the Carroll County Transit System. Following the first year of the program, it was learned that child care was a support service needed by some students. Over a two year period, eight students received a total of 392 hours of supported child care services, enabling them to attend part or all of Home Care Challenge.

In addition, Home Care Challenge provided funds to support private tutoring to help one learner study for the GED exam.

IV. The Curriculum

Program Content and Curriculum

The theoretical framework underlying the program content is the Cambourne Model (Cambourne, 1988). This model, and the Home Care Challenge curriculum, include the principles of immersion and demonstration, including engagement, expectation, responsibility, use, approximation, and response.

The curriculum is a strong one. It is contextual, integrated, designed to meet individual needs at the level of each learner, and based in workplace materials. Math, reading, problem solving, and writing are all included in issue-centered learning modules that can be applied to the workplace. This results in a more interesting and appropriately situated curriculum. It revolves around partners' goals for upgrading the skills of caregivers in their workforce, including improving reading, fluency, problem solving, and critical thinking skills; upgrading reporting and documentation skills; improving communications skills; and promoting self-esteem, career development, and team building. The curriculum, therefore, was built around four central issues:

- personal issues
- the role of the caregiver

- interpersonal skills
- on-the-job procedures

Learning activities are bundled into packets within each central issue. While generally the instructor and students plan an individualized learning program, students can work through most of the packets at their own pace and in the order most comfortable for each. Each area of focus is briefly described below:

1) **Personal Issues**: This section includes a personal portfolio; personal learning plan; assessments; useful forms; and materials on self-esteem, learning styles, time and stress management, goal setting, and career development.
2) **Role of the Caregiver**: This section focuses upon the role of the caregiver in a broader, less personal context. Learners explore various illnesses and diseases through case studies, role plays, group discussion, and reading activities. Their final project is a written exploration of a disease or topic of their choice relating to their role as a caregiver. Legal and ethical issues of caregiving are also studied in this section.
3) **Interpersonal Skills**: In this section attitude and work ethic issues and communication skills (oral and written, listening and speaking) are studied, as are the special skills needed when dealing with illness, disease, aging, and dying. Special topics such as diversity and client behavior are also studied in order to strengthen coping strategies.
4) **On-the-Job Procedures**: Medical terminology, map reading (as home health aides travel to clients' homes), manipulating conversions, nutrition, and documentation are covered in this section. Workplace materials supplied by the business partners are extensively used in learning activities in this section.

The program is an *integrated* one in that many activity packets prepared for the four issues include reading, writing, computation, critical thinking, and problem solving skills within the learning tasks. As an example, in the personal issues curriculum, learners are given a module titled Reading Enhancement/Case Study: "Telephone Solicitor." The goal for the module is "To evaluate an ethical issue faced by employees." The objectives include the following:

1. To write a journal topic about the importance of the job.
2. To read a selection about a job.
3. To define words in context.
4. To identify the nouns for which pronouns are used.
5. To identify the ethical issue faced by the employee.
6. To describe the employee and the supervisors.
7. To explain in writing how you feel about lying.
8. To explain a supervisor who caused extreme positive or negative reaction in you.

In addition, vocabulary words from the reading are identified and studied as well.

Learning is not primarily group/classroom based. While some learning activities consist of brief lecturettes, group discussion, and other group based work, most instruction is individualized and offered on a one-to one basis in response to the learning needs of each student. That is, each learner develops an individual learning plan in collaboration with the instructor and counselor. The instructor facilitates discussion, and provides input and feedback.

In addition, writing practice and reflection are components of the Home Care Challenge program, as each learner maintains a journal. This journal is submitted to the instructor who reviews it and provides written feedback. The instructor then capitalizes on what she learned about the learner and his/her learning needs as an aid in future instructional planning. Excerpts from the learning journal were also used as writing samples. Early and later entries were compared and evaluated to see if improvement was made in language expression, language usage, and spelling.

The last component of the curriculum is the final portfolio project. The final portfolio is the capstone of the learner's work; it is a project selected, researched, and written by each learner on an illness or topic of interest to health care providers. Each portfolio piece is published by Home Care Challenge and is distributed to other learners and at the learner's workplace.

The Project Director coordinates with the partners regarding their goals for employee participants in Home Care Challenge. Linkages are also maintained with the Community College as the Program Administrator serves as Carroll Community College's Senior Director of Extended Learning and Workplace Development.

The program and its curriculum constantly evolved over its life to meet the needs of partners and learners, individually and as a group.

V. Educational Gains

The goal specified in the grant was a) for 75% of the learners participating in the Level 1 program to demonstrate significant gain on CASAS; b) for 75% of the learners enrolled in Level 2 to exhibit competency in the concentration in which s/he enrolled; and c) to determine if learners advance in the program or continue on for additional training and education.

With the agreement of the USDE, this goal was eliminated. It was decided not to follow the plan to structure two levels for the following reasons: 1) levels seemed to segment learners; 2) it was difficult to break the curriculum, which by its nature needed to be holistic and integrated into discrete levels; 3) the differentiation was somewhat artificial in the health care industry; and 4) the skill level of most of the participants and that of the

subject matter was higher than expected. Many participating in Home Care Challenge had higher level basic literacy skills than anticipated. Instead, as noted above, an integrated curriculum was created that could be adapted and customized to each learner.

Literacy was assessed using the Comprehensive Adult Student Assessment System (CASAS). CASAS was taken by the learners for placement purposes as well as pre- and post enrollment testing.

Post-test Findings:
Using CASAS as the measurement, there was no significant improvement in reading and math scores.

Hypothesis:
An evaluator must do more than state the fact that there was no significant improvement in literacy as measured by CASAS. One must seek to understand why, ask questions, and formulate some hypotheses.

It is possible that CASAS might not have been the appropriate tool for the assessment. Home Care Challenge did not focus on teaching reading and math, abilities measured by CASAS. Instead, the curriculum focused upon personal/workplace skill acquisition In addition, for the reason just mentioned, staff did not teach to the test. Not only did staff not teach to the test, the instructor downplayed the importance of the test in order to minimize test anxiety. Test anxiety was high for many of the adult learners; a large percent of this population had not been in school for two decades and had not taken a test since they were eighteen years old.

It was acknowledged that even if CASAS scores were improved, the tool would not measure the outcomes desired. Therefore, plans were made for the formal evaluation of written communication skills and job performance.

One of the teaching methods used by Home Care Challenge was the use of learning journals and portfolios. To curtail the level of subjectivity in evaluating these materials, a reading specialist evaluated a sample journal entry (or other written materials) at the beginning, middle, and end of each learner's experience. Writing samples were evaluated for language expression, language usage, and spelling. Specifically, the following was evaluated in each area:

Language expression: appropriate beginning; sentences related to topic; organized ideas; appropriate ending; elaboration consistent with purpose of writing.

Language usage: Sentence lengths, beginnings, and types vary; sentence and verbs agree; pronouns used correctly; correct end punctuation used; variety of internal punctuation used correctly; all parts of a sentence correctly capitalized; few spelling errors present; paragraphing used correctly.

Each aspect of language expression and usage was evaluated separately and graded outstanding, good, satisfactory, or needs improvement. These terms were then translated into numerical scores of 4,3,2,1 respectively to facilitate comparison between early and late (in the program) writing samples.

Findings:
Writing samples of 26 learners taken early and near the completion of the program were analyzed. Findings indicate *no difference of statistical significance* between the early and later writing samples.

This was a surprising finding as not only did the instructor indicate improved writing skills, self-reported learner *and employer* feedback indicated improvement in written communication skills. In addition, self and instructor reports indicate that program participants were reading more difficult books and journals, utilizing the library, reading with their children, and pursuing further education.

Finally, to the question of whether learners advance in the program or continue on for additional training and education, we discovered that approximately 18 Home Care Challenge graduates that we know of did continue for additional training and education and at least one graduate that we know of received a promotion. As examples, one of the first program graduates has since been promoted twice. One has competed renal dialysis training; another, a housekeeper, is working to become a certified nursing assistant; and yet a third is enrolled in an accounting class at the Community College. In addition, Home Care Challenge staff arranged for two -- and paid for one -- participants to be tutored for the GED exam.

VI. Improved Job Performance

Because this is a workplace learning program, a major goal is for the transfer of learning to job performance. One of the objectives of the program was to show increased competency in the following: attendance, communications skills, evaluation, accolades from patients, and self-reported confidence.

Very early in the program it became obvious that there was a need to evaluate the extent to which job performance improved, if at all, as a result of participation in Home Care Challenge. Accordingly a committee consisting of partners, learners from the first class, program staff, and the external evaluator met to create such an instrument. It was important to create or update a tool that would be acceptable to each partner (for consistency in evaluation); was *useful* to the partners and could substitute for their existing appraisal mechanism; was user-friendly to both supervisors and employee/learners; could be used to open the lines of communications between supervisors and employee/learners; would be a development tool; and would measure the

competency in the areas identified by the partners as learning goals and taught in the Home Care Challenge curriculum. The goals identified by the partners are: to improve reading fluency, problem solving, and critical thinking skills; to upgrade reporting and documentation skills; to improve communication skills, particularly listening an speaking skills; and to promote self-esteem, career development, and team building.

Such a tool was developed and adopted from Mikulecky and Lloyd's 1993 The Impact of Workplace Literacy Programs: A New Model for Evaluating the Impact of Workplace Literacy Programs. The assessment developed is different from Mikulecky and Lloyd's model in that it focuses upon issues pertaining to health care workers and providers. It also expands the model by allowing not only for a quantitative assessment, but is augmented by qualitative comments and opportunities for growth and development (in the positive sense). Ultimately, when the population was expanded, another assessment instrument was developed for support personnel. In both cases the assessment is made by the supervisor prior to *and* following enrollment in Home Care Challenge.

Several unanticipated (positive) outcomes evolved from use of the assessment instrument. The most notable is the fact that supervisors used the pre-course assessment tool to open the lines of communications with the employee for counseling purposes and to explore issues of professionalism, confidence, and self-esteem (in addition to the more traditionally evaluated aspects of work performance such as documentation and attendance). Further, as a result of the performance dialogue, many employees would then begin Home Care Challenge with jointly developed (with the supervisor) personal and professional goals.

Pre- and post course performance assessment.

We were provided with two different sets of assessments that were used by supervisors to measure employee performance both prior to and near the completion of the Home Care Challenge curriculum. The first assessment is the one designed for this purpose by partners, staff, and members of the first class. It measured communications with patients, communication with health care team, problem solving with patients, problem solving with health care team, handling conflict with patients, handling conflict with health care team, self-esteem, setting educational goals, commitment, responsibility, initiative, paperwork, and use of medical and home equipment. A possible 130 points could be awarded. The seven employees assessed using this tool exhibited a 13.7% improvement in performance along these dimensions. In addition, all participants for whom we had this data exhibited improvement, with improvement ranging from 6% to 20%, or 8 to 26 points. It should be noted that the employee with the least improvement had the least to improve. That is, she was highly rated at the outset (121 points) and did not have far to go to approach a perfect score. It needs also to be noted that most gain was found in self-esteem, setting educational goals, and problem-solving with health care team (an average of 2.4, 2.7, and 2.0 point gain respectively).

The second type of assessment measured communications skills, problem solving skills, work productivity, work attendance, and self assessment. Nine employees for whom we had pre and post data were evaluated on these criteria with a five point rating scale (one being the lowest possible score and five being the highest). Very little improvement was indicated when comparing pre and post test scores using this assessment. Many employees showed no improvement at all in two or more of the categories. No employee, according to this assessment, exhibited improvement in communications skills; only one employee was given a higher score in work productivity and work attendance. Three showed improvement in self-esteem, and four in problem solving skills.

Needless to say, this data does not indicate stellar performance improvement by the participants in Home Care Challenge. We did not, however, rely on these measures alone to learn the extent to which, if at all, performance on the job improved and transfer of training to the work environment occurred.

For a variety of reasons, performance assessment tools do not always do what they purport to do. In this instance, the possible reasons are many, and include the following two. First, neither supervisors nor participants received any training on the use of the instrument. Second, many supervisors find it difficult to give a rating of "poor" to "average" to an employee. Therefore they inflate ratings. If ratings are inflated prior to commencing Home Care Challenge, there is little room for growth and improvement.

Partner Feedback

To delve further into the matter of performance improvement, we interviewed the Partners and the supervisors of participants. From these interviews we learned of significant improvement. All partners found that, for most employees, participation in Home Care Challenge led to improved job performance.

When asked how the company benefited from participation in Home Care Challenge, one partner said she is seeing better documentation, more of an allegiance to the Carroll Lutheran Village, and that participants are more willing to work and do so with a better attitude. Another partner/supervisor relayed that documentation improved, and employees are now goal-oriented, think about what they want, and exhibit higher self-esteem. Another supervisor shared that she observes employees who are now able to "see all sides of the story" and understand their own perspective as well as that of the client and management. "It makes compromise easier," she continued. This supervisor added that interpersonal skills, confidence, and self-esteem have improved and participants are showing more pride in themselves and in their work. One partner said that "all [employees] were very positively affected.... [they have] a whole new outlook ... more self confidence."

All said that the program was worthwhile. One partner said that at the minimum, participants were exposed to what education means at a time when it really means something to them.

When partners and supervisors were asked whether employees benefited, one responded that morale is higher and participants feel better about themselves. She added that her employees were very enthusiastic about the program and that one additional result was cohesion among the group that attended together.

Other quotes from partners (also used in a recruitment brochure) include the following:

- "The Home Care Challenge Program has renewed the excitement of learning for a number of our employees. Individuals who never thought they could advance within our organization are now considering college courses, career advances and a number of things that will serve them and Carroll Lutheran Village well."

- "The employees of Carroll Hospice who have been involved in Home Care Challenge have found it to be of great benefit to them professionally and personally. I can verify this by the improvement we have seen in our employee's work, the patients' satisfaction survey, and the general increase in self-esteem and professionalism. I consider it a privilege to be involved in this worthwhile project."

VII. Attitude about learning, school, and self as a learner.

One positive outcome of Home Care Challenge is an improved attitude about learning, school, and the individual as a learner. All of those interviewed had not attended school in many years and were frankly afraid of the prospect. Home Care Challenge provided a "transitional," safe space for this group of adult learners to test themselves, enhance their self-esteem and therefore confidence as a learner, and take further steps.

Direct quotes from program participants on this subject of learning follow. You will note that they also reflect changes about their own level of confidence and self-esteem.

- "I realize I'm smarter, able to do things and comprehend what I couldn't before."
- " I realized I want to go back to school and to get a better job.... I want to take college level classes."
- "I passed my CNA [Certified Nursing Assistant] test!"
- "Home Care Challenge helped me feel like I can 'go through the door' and move on to other educational opportunities. Before Home Care Challenge, I could only get up to the door."

According to the instructor and project staff, most of the participants in Home Care Challenge are quite capable learners. Many, however, were lacking in self-esteem and therefore did not, or could not, see themselves as learners. The program was designed to meet the learners where they were and to build the confidence, skills, and abilities from that place. If nothing else, it enhances their capability and capacity for learning.

Needless to say, with such a positive learning experience, attitudes toward learning were also improved.

VIII. Personal and Professional Growth

One of the outcomes directly or indirectly noted by almost all learners interviewed spoke to an outcome of improved self-esteem. Quotes from learners follow:

- " Makes me feel better – that I'm important."
- " I'm feeling good about myself."
- "It pushed me to where I want to be."
- "Wally told me I had good leadership qualities; Judy told me I expressed myself well. I enjoy coming here and seeing what I'm capable of."
- "I realized I want to go back to school and get a better job in computers or medical records. I want to take college level classes."
- "I learned more about myself and how I react to others"
- "I realize I'm smarter, able to do things and comprehend what I couldn't before."
- "Better reading and writing. I have also some positive goal-setting for getting things done at work without pressure."
- "Learned more professionalism."
- "How to better understand myself."
- "I have more confidence and self -esteem."
- "It's leading me in a positive direction."
- "I feel very upbeat, I'm speaking to everyone, not putting pressure on myself."

Improved self-esteem in turn led to greater professional as well as educational potential.

IX. Program Strengths, Weaknesses, and Learnings

Strengths

The key factors that made Home Care Challenge work include: its staff; the fact that it was a transformational experience for many participants; the curriculum; and the commitment of the College.

The staff of Home Care Challenge. Over and over again, in our interviews with both partners and learners, the staff was cited as a program strength. The reason is clearly evident when observing classroom activity and staff-learner interactions.

Home Care Challenge was lucky. It retained the services of four women who were committed to the Program and the success of its students. All four began almost simultaneously near the beginning of or early into the grant and remained until the summer before its termination. Two of the staff remained until the very end.

In addition, the Project Director was very creative in the way she managed the program. No obstacle was too great for her. When one partner dropped out, she found another. To increase the number of learners who would have access to the program, Dr. Saunders obtained USDE approval to add additional sites as well as to broaden the categories of employee eligibility. She then wrote or adapted the curriculum to meet the needs of the learners in health support positions and Partner goals.

Both the Program Instructor and Counselor made themselves available to the students and encouraged them to meet their personal and professional goals. Both showed a strong interest in each student. The Instructor, in particular, worked hard to make them comfortable with learning and with Home Care Challenge, and to be the best they could. The energy and enthusiasm exhibited by the members of the staff was evident and contagious.

Finally, the Instructor needs to be commended. As the direct link with the learners, she was a primary program asset. Ms. Riley enhanced learning via her ability to create a "safe" learning environment. She established a strong rapport with students which made them believe they could learn and grow in the context of their environment. As previously mentioned, one educational aid was the learning journal, where students expressed thoughts and feelings about a variety of issues, including self-doubt and the personal issues and history that impacted their self-esteem. Since enhanced self-esteem was a partner (and often personal) goal, it was a "discussible" issue. Therefore, some of the journal entries and discussion that followed were very personal, and perhaps bordered on personal therapy. By all indications, however, the Instructor was able to walk the line between "personal therapy" and "stick to the grammar" in order to create a positive learning environment. As mentioned to me by another College employee, she "is able to build inspiration. [Her philosophy with the learners is] maybe your goal is to get through the next day, but you can do it with joy."

Transformational experience. Transformative learning is "the process of learning through critical self reflection, which results in the reformulation of meaning perspective to allow a more inclusive, discriminating, and integrative understanding of one's experience. Learning includes acting on these insights" (Mezirow & Associates, 1990, p. xvi.).

From anecdotal evidence, we learned that Home Care Challenge was apparently a transformational experience (Mezirow, 1990; Clark, 1993) for at least some of its participants.

One of the goals of the program was to increase self-esteem and self-confidence. As a result of participation, many learners began to identify goals and have taken steps to meet them. Critical self-reflection was inherent in the Home Care Challenge curriculum. Learners were helped to reflect in order to challenge the validity of assumptions and prior experiences toward creating new understanding and meaning. The program provided the

space for the reflection and reassessment of assumptions that may have resulted in distorted views of reality, and hence – in the case of many participants -- low self-esteem. Clark writes that transformational learning shapes people, and notes that they are different afterward. Many learners interviewed spoke to how their participation in Home Care Challenge changed the way they saw themselves and how they now view their abilities and potential.

The Curriculum. Home Care Challenge's curriculum is based in workplace materials and designed for an adult audience. It consists of learning activity packets completed individually in the learning center where the instructor provides support, input, and feedback. The curriculum is integrated and individualized and responsive to the needs of the partners and the learners. Finally, it is intended to enhance both professional and personal growth, knowing that each impacts upon the other.

Commitment of the College. Carroll Community College saw itself as a key Partner in Home Care Challenge. The College provided dedicated office space, a classroom, and computer support in addition to publishing newsletters, brochures, and student portfolios. Dr. Shields, the College President, attended the program's first graduation. Kathleen Menasche, a College Administrator responsible for Extended Learning and Workplace Development, was an advocate, supporter, and always ready to lend an ear.

Disappointments/weaknesses

1. Recruiting students due to changes in partners and one partner's ability to contribute in the way originally planned.
2. After the graduation of the first group of four learners, attendance was not regular or predicable. Some of the factors contributing to poor attendance include: 1) most students attended Home Care Challenge on their own time, without compensation, 2) some students had a second job and/or family responsibilities and/or health problems which would interfere with attendance; 3) classes were not held at the worksite; students had to travel, after their regularly scheduled work day, to participate in the program. Needless to say the influence of these same factors led to some learners requiring an inordinate amount of time to complete Home Care Challenge.

Learnings

1. The importance of identifying outcomes. Identifying outcomes in advance enabled the partners to connect with and support the program. This occurred because they knew that the curriculum would revolve around *their needs* as employers and that the workplace skills being taught are those that are valuable and necessary in *their place of business*. In addition, identifying outcomes provides students with a sense of accomplishment when they complete a stated outcome.
2. Grass roots support from the partners is critical. Full partnership is important to the success of a program such as this one. If it is half-hearted or in writing only, students will not have the necessary support; indeed, they will not even be recruited.
3. The importance of flexibility.

4. It is likely that if the partners paid for employee/learner attendance or learners could attend classes on work time, recruitment would have increased and attendance would have been more stable. And, having said that, it was found that those partners who paid for employee time while attending Home Call Challenge did not send many learners. As an example, at one recruitment session over 15 potential participants signed up. The employer, however, would only send two due to the fiscal impact.
5. It appears that the greater the management support and encouragement, the more the employee – and the partner – benefits.
6. In future efforts, graduating participants should be asked to talk about what they learned in the program and what it meant to them as part of the recruitment effort of both partners and participants.

Other Outcomes

1. A team of support employees from Carroll Lutheran Village attended the program as a cohort group. They evolved into a working, supportive cohort. Upon completion of the program, management saw the positive results of their education – not the least of which were improved problem solving, communications, and critical thinking skills. Capitalizing on this experience, management contracted with Carroll Community College for additional training for these employees and sanctioned their first Quality Improvement Team. Benefits to the facility have already been realized from the output of this team, and the practice of Quality Teams is becoming institutionalized at Carroll Lutheran Village.
2. Carroll Community College was benefited by its support of Home Care Challenge in a number of ways.
    a. Additional training contracts were obtained by the College's Business and Industry division.
    b. The curriculum of Home Care Challenge will be offered as a course within the College's Division of Allied Health. The program will be targeted to all area nursing homes, assisted living facilities, retirement communities, and Carroll County Hospital.
    c. The Carroll Community College's Center for Workplace Learning is a direct outgrowth of the program. Because of the qualitative success of Home Care Challenge, the College created the Center. It is based upon individualized learning using workplace specific materials. Thus, the model of workplace learning developed by Home Care Challenge will be continued with employees working in *any business environment* and in *any type of work* (not just health care). Demonstrating that a true business/education partnership can be created, the Center has already offered continuing education in blueprint reading and project management; Spanish in the agricultural workplace; AutoCaD; electrical schematics; estimating in the building trades; principles of sales; introduction to surveying; a variety of computer classes; and business writing. The Center for Workplace Learning has already begun to generate both positive public relations and revenue for the College.

d. Following up on the above, and also as an outgrowth of Home Care Challenge successes, the Business and Industry Division of the College changed some of its own curriculum design practices. When preparing a grant to provide employee training, it proposed to form a focus group of employers to obtain their direct input, and understand their workplace issues and the work to be performed by the target group of employees. This led to a much richer curriculum than would have been designed with a more traditional needs assessment.

3. Finally, Carroll County Government, in an effort to promote economic development, is going to institutionalize the program. It has already awarded one grant to a local employer who was a grant partner to continue providing the Home Care Challenge curriculum to members of its workforce. This grant, in turn, has enhanced the employer's relationship with business in the community.

X. Summary of Accomplishment of Objectives

The grant specified objectives. The degree to which these have been accomplished are specified below. Many of these accomplishments are but briefly evaluated as they have been addressed previously. Nonetheless, please excuse any redundancy in what is reported above and follows in the summary of accomplishment of objectives.

A.1. Perform a literacy audit/task analysis of entry-level home care jobs.
Literacy audits/task analyses as such were not performed initially when the grant was awarded. However, members of the Home Care Challenge staff met with partners and learners to ascertain the needs of both, with the intent to meet the objectives of both.

A.2. Analyze the literacy tasks of the workplace and classify them according to level of difficulty.
While the original intent was to classify tasks and learning objectives according to level of difficulty (level 1 and 2, see above), the wide range and broad variety of literacy tasks performed by learners led to the development of an issues-centered curriculum that includes a skill set from the simple to the complex. Again, these issues are personal, role of the caregiver, interpersonal, and job procedures.

A.3. Design contextual curriculum material ranging in difficulty from grade 4.0 to 9.0.
An early discovery of project staff was that, as a group, the members of the learner population (with exceptions) were not at the lower end of basic skill levels. Many were able to read and write at a high school level. Therefore, segments within some of the individualized learning packets in the curriculum noted above are at a grade level of 9.0 and above. This is readily seen upon review of the modules. Given the higher literacy level of learners, the choice, therefore, was to design an integrated curriculum that incorporates reading, writing, computation, critical thinking, and problem solving skills within learning tasks selected to meet the level and *learning needs of the learner*. The curriculum is customized (in that some modules are designed for the specific needs of

partners and their employees) and personalized (in that the modules focus upon the individualized learning needs of learners in context of their learning needs/goals and work environment).

A.4. Examine and select commercially prepared print and software materials designed for health care professions for all levels.
The staff of Home Care Challenge examined and selected commercially prepared print and software materials designed for health care professions for all levels. A bibliography of materials is included in most of the learning packets in each curricula. Each bibliography includes books, videos, magazines and journals, references, and instructional aides. Bibliographic materials range in reading and comprehension levels as well (from about grade 6 through early college) and in source, from "pop" psychology to newspaper and magazine articles to professional journals.

A.5. Plan and implement an integrated instructional program for home health aides and companions.
As mentioned above Home Care Challenge was originally conceived to serve home health aides and companions. The program staff, however, in conjunction with the partners, realized that limiting the program to members of this population was shortsighted. Therefore, in order to meet the needs of the home health industry and related professions, as well as the employees in these roles, this objective was broadened in terms of population served and sites eligible for participation. Because the learning needs and abilities of the members of these groups are different than those of the target population, the curriculum was adapted or augmented as necessary.

Another area in which this objective was expanded was on behalf of Carroll Lutheran Village. In response to their request, Home Care Challenge's Instructor and Counselor presented monthly seminars on the aging process. The session, based on Home Care Challenge curriculum on aging, was presented to 23 new employees at all levels.

B.1. Assess the literacy of 75 home health care workers.
In response to the needs of the partners, only the literacy of actual enrollees was assessed. Therefore literacy was assessed for 66 home and allied health care workers. Literacy was assessed using the Comprehensive Adult Student Assessment System (CASAS). CASAS was taken by the learners for placement purposes as well as pre- and post enrollment testing.

B.2. Recruit and enroll 60 participants over a period of 30 or 32 months (three years less start-up period).
In this period of time, Home Care Challenge recruited and enrolled 66 participants holding the following job titles: home health aide, certified nursing assistant, companions, volunteers (serving as hospice companions), housekeepers, laundry workers, food service workers, and maintenance workers. In addition, as noted above, Home Care

Challenge staff also helped to orient 23 new employees at Carroll Lutheran to the aging process.

B.3. Retain 80% of enrollees.
Of the 66 learners enrolled in Home Care Challenge, 52, or 82.5%, graduated. Of those who did not complete the program, three left for educational opportunities: one enrolled in a college course, another in ESL (English as a Second Language) tutoring, and a third in a GED program. Seven learners left the program because of family problems and the remaining four left their employer and were no longer eligible to participate in Home Care Challenge.

B.4. Realize literacy gains as follows:

a. 75% of those participating in Level 1 program for 70 hours will demonstrate significant gains on CASAS.
b. 75% of employees enrolled in Level 2 will exhibit competency in the concentration in which s/he enrolled as verified by an exit assessment.

As mentioned above, levels were not used; rather, the curriculum was integrated. In addition, also as mentioned above, significant gains on CASAS were not demonstrated.

B.5. Realize increased competency in job as evidenced by one or more of the following:

a. improved attendance
b. improved communications skills
c. satisfactory evaluations by supervisor
d. accolades from patients
e. confidence (self-reported)

As previously discussed, an evaluation tool was created to determine the extent to which job performance improved, if at all, as a result of participation in Home Care Challenge. The goals identified by the partners for evaluation were: to improve reading fluency, problem solving, and critical thinking skills; to upgrade reporting and documentation skills; to improve communication skills, particularly listening an speaking skills; and to promote self-esteem, career development, and team building. The assessment is made by the supervisor prior to *and* following enrollment in Home Care Challenge.

Contribution to the Body of Knowledge
Dr. Hermine Saunders, the Project Director has been prolific in contributing to the scholarship and practice of workplace literacy programs.

Saunders, H.P., "Designing and Assessing a National Workplace Literacy Program for Health Care Provides: Using Employers' Goals to Define Outcomes. The Catalyst, Spring, 1997, Vol. XXVI, No. 2, pp. 13-16.

Maryland Association for Adult, Community and Continuing Education (1996)
Maryland Association for Adult, Community and Continuing Education (1996)
World Conference of Literacy (1996)
National Workplace Literacy Conference (1996)

XI. Potential for Replication

As mentioned above, the program, or at least its basic concepts, is being replicated in the Center for Workplace Learning. In addition, the curriculum, with all of its individualized packets and instructions, could be adopted and used in other settings.

However, one of the keys to the qualitative success of Home Care Challenge, is its staff. It is possible that staffing, in addition to a creative, integrative, individualized curriculum, might be critical in replicating the program. Clearly, personalities and staff mix were key to making Home Care Challenge a transformative experience, one that had as one of its goals the enhancement of self-esteem in addition to basic workplace skills. If this is a goal in a replicated program, staff would need to be creative, caring, inclusive, and able to create a very safe environment. Staff would also need to be flexible and able to work with and constantly update and re-design individualized curricula based upon the learning needs of each student and the goals of the employer. And, they would need not to be discouraged by erratic attendance. Having said this, however, I believe that the skills taught in Home Care Challenge could be readily taught using the curriculum and learning activity packets relating to personal issues, role of the caregiver, interpersonal issues, and procedures on the job.

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FEDERAL EXPENDITURES
FOR
HOME CARE CHALLENGE

October 1994 – January 1998

Home Care Challenge

BUDGET/EXPENSE REPORT FOR US DEPARTMENT OF EDUCATION
GRANT YEAR 1997 (10/1/96 - 1/31/98)
as of
02/19/98

	USDEd Budget	USDEd (5032) Total Expenses	Total USDEd Budget Ending
.01/.02 Salary & Fringe Benefits:	**$95,959.00**	**$75,766.23**	**$20,192.77**
Project Director (5032-4-9235-5010)	23,209.00	22,973.41	235.59
Educational Counselor (5032-4-9235-5120)	9,834.00	5,289.63	4,544.37
Instructor & Aide (5032-4-9235-5121)	33,000.00	29,895.69	3,104.31
Secretary (5032-4-9235-5510)	10,916.00	12,443.19	(1,527.19)
Fringes	19,000.00	5,164.31	13,835.69
.03 Travel:	**4,250.00**	**3,593.95**	**656.05**
Local Travel (5032-4-9235-6301)	250.00	126.75	123.25
Conferences/Meetings (5032-4-9235-6302)	4,000.00	3,467.20	532.80
.05 Supplies & Materials:	**4,179.00**	**4,456.68**	**(277.68)**
Office Supplies (5032-4-9237-6102)	1,500.00	1,391.49	108.51
Instructional Supplies (5032-4-9235-6105)	2,679.00	3,065.19	(386.19)
.06 Contractual Services:	**6,700.00**	**5,298.12**	**1,401.88**
Evaluation (5032-4-9235-6000)	5,000.00	5,000.00	0.00
Child Care Services (5032-4-9238-6000)	1,700.00	298.12	1,401.88
TOTAL	**$111,088.00**	**$89,114.98**	**$21,973.02**

Home Care Challenge

Budget/Expense Report for US Department of Education

Grant Year 1996 (10/1/95 - 9/30/96)

as of

February 19, 1998

	USDEd Budget	USDEd (5031) Total Expenses	Total USDEd Budget Ending
.01/.02 Salary & Fringe Benefits:	$71,747.00	$74,877.46	($3,130.46)
Project Director (5032-4-9235-5010)	21,877.00	26,270.51	(4,393.51)
Educational Counselor (5032-4-9235-5310)	6,179.00	6,091.75	87.25
Instructor & Aide (5032-4-9235-5121)	16,958.00	19,564.94	(2,606.94)
Secretary (5032-4-9235-5510)	10,287.00	10,551.71	(264.71)
Fringes	16,446.00	$12,398.55	4,047.45
.03 Travel:	3,950.00	4,455.49	(505.49)
Local Travel (5032-4-9235-6301)	250.00	123.76	126.24
Conferences/Meetings (5032-4-9235-6302)	3,700.00	4,331.73	(631.73)
.05 Supplies & Materials:	2,200.00	2,517.14	(317.14)
Office Supplies (5032-4-9237-6102)	800.00	754.77	45.23
Instructional Supplies (5032-4-9235-6105)	1,400.00	1,762.37	(362.37)
.06 Contractual Services:	7,300.00	3,143.14	4,156.86
Evaluation (5032-4-9235-6000)	2,500.00	1,547.50	952.50
Child Care Services (5032-4-9238-6000)	4,800.00	595.62	4,204.38
Consultants (5032-4-9235-6001)		1,000.02	(1,000.02)
Indirect Costs:	924.00	654.56	269.44
TOTAL	$86,121.00	$85,647.79	$473.21

Home Care Challenge
Budget/Expense Report for US Department of Education
Grant Year 1995 (10/1/94 - 9/30/95)
as of
February 19, 1998

	USDEd Budget	USDEd (503) Total Expenses	Total USDEd Budget Ending
.01/.02 Salary & Fringe Benefits:	**$82,566.00**	**$83,490.00**	**($924.00)**
Project Director (503-4-9235-5010)	21,559.00	40,243.91	(18,684.91)
Educational Counselor (503-4-9235-5120)	5,911.00	2,105.43	3,805.57
Instructor & Aide (503-4-9235-5121)	28,976.00	21,280.13	7,695.87
Secretary (503-4-9235-5510)	9,840.00	14,547.32	(4,707.32)
Technical (503-4-9235-5520)	0.00	121.40	(121.40)
Fringes	16,280.00	5,191.81	11,088.19
.03 Travel:	**1,884.00**	**1,452.79**	**431.21**
Local Travel (503-4-9235-6301)	184.00	103.51	80.49
Conferences/Meetings (503-4-9235-6302)	1,700.00	1,349.28	350.72
.04 Supplies & Materials:	**3,900.00**	**3,881.41**	**18.59**
Office Supplies (503-4-9322-6102)	1,000.00	893.03	106.97
Educational Supplies (503-4-9321-6105)	1,400.00	1,470.07	(70.07)
Instructional Supplies (503-4-9320-6105)	1,500.00	1,518.31	(18.31)
.05 Contractual Services:	**1,000.00**	**1,000.00**	**0.00**
Evaluation (503-4-9235-6000)	1,000.00	1,000.00	-
Child Care Services (503-4-9238-6000)	-	-	-
.06 Indirect Cost @ 1%:	**924.00**	**923.67**	**0.33**
TOTAL	**$90,274.00**	**$90,747.87**	**($474.20)**

NON-FEDERAL EXPENDITURES
FOR
HOME CARE CHALLENGE

October 1994 – January 1998

NON-FEDERAL EXPENDITURES
FOR
HOME CARE CHALLENGE

October 1, 1994 – April 30, 1995		$10,216	
	Partners	$ 1,342	
	Grantee	$ 8,874	
May 1, 1995 – September 30, 1995		$14,542	
	Partners	$ 3,312	
	Grantee	$11,230	
Year 1 – 10/1/94 –9/30/95			**$24,758**
October 1, 1995 – April 30, 1996		$14,318	
	Partners	$ 4,554	
	Grantee	$ 9,764	
May 1, 1996 – September 30, 1996		$16,549	
	Partners	$ 5,784	
	Grantee	$10,765	
Year 2 – 10/1/95 – 9/30/96			**$30,867**
October 1, 1996 – May 16, 1997		$16,468	
	Partners	$ 4,180	
	Grantee	$12,288	
May 17, 1997 – September 30, 1997		$10,241	
	Partners	$ 1,466	
	Grantee	$ 8,775	
October 1, 1997 – January 31, 1998 (extension)		$ 7,890	
	Partners	$ 1,200	
	Grantee	$ 6,690	
Year 3 – October 1, 1996 – January 31, 1998			**$34,599**
Total Three Year, Non-Federal Expenditures			**$90,224**